

Use this form if you are asking the court (not the BOP) for compassionate release from prison. Please make sure the form is typed or neatly written. Once you complete the form, mail it to the clerk of the United States District Court where you were sentenced.

UNITED STATES DISTRICT COURT
FOR THE
Eaton DISTRICT OF Pennsylvania

UNITED STATES OF AMERICA

Case No. 16171
(write the number of your criminal case)

v.

**MOTION FOR SENTENCE
REDUCTION UNDER
18 U.S.C. § 3582(c)(1)(A)
(Compassionate Release)
(Pro Se Prisoner)**

Michael Fleck

Write your full name here.

NOTICE

The public can access electronic court files. Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Does this motion include a request that any documents attached to this motion be filed under seal? (Documents filed under seal are not available to the public.)

☐ Yes

☒ No

If you answered yes, please list the documents in section IV of this form.

I. SENTENCE INFORMATION

Date of sentencing: April 26th 2019

Term of imprisonment imposed: 60 months

Approximate time served to date: 26 months

Projected release date: July 29th 2023 (before halfway house)

Length of Term of Supervised Release: 3 years

Have you filed an appeal in your case?

☐ Yes

☒ No

Are you subject to an order of deportation or an ICE detainer?

☐ Yes

☒ No

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES¹

18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on your behalf, or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the Bureau of Prisons related to your motion, including your written request to the Warden and records of any denial from the Bureau of Prisons.

¹ The requirements for this compassionate release motion being filed with the court differ from the requirements that you would use to submit a compassionate release request to the Bureau of Prisons. This form should only be used for a compassionate release motion made to the court. If you are submitting a compassionate release request to the Bureau of Prisons, please review and follow the Bureau of Prisons program statement.

Have you personally submitted your request for compassionate release to the Warden of the institution where you are incarcerated?

☒ Yes, I submitted a request for compassionate release to the warden on

4/1/2020.

☐ No, I did not submit a request for compassionate release to the warden.

If no, explain why not:

Was your request denied by the Warden?

☒ Yes, my request was denied by the warden on (date): 4/6/2020.

(Attachment 1)

☐ No. I did not receive a response yet.

III. GROUNDS FOR RELEASE

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You may also attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

A. Are you 70 years old or older?

☐ Yes.

☒ No.

If you answered no, go to Section B below. You do not need to fill out Section A.

If you answered yes, you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(ii) if you meet two additional criteria. Please answer the following questions so the Court can determine if you are eligible for release under this section of the statute.

Have you served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which you are imprisoned?

☐ Yes.

☐ No.

Has the Director of the Bureau of Prisons determined that you are not a danger to the safety of any other person or the community?

☐ Yes.

☐ No.

B. Do you believe there are other extraordinary and compelling reasons for your release?

☒ Yes.

☐ No.

If you answered "Yes," please check all boxes that apply so the Court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i).

☐ I have been diagnosed with a terminal illness.

☐ I have a serious physical or medical condition; a serious functional or cognitive impairment; or deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition.

☐ I am 65 years old or older and I am experiencing a serious deterioration in physical or mental health because of the aging process.

☐ The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.

☐ My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.

☒ There are other extraordinary and compelling reasons for my release.

Please explain below the basis for your request. If there is additional information regarding any of these issues that you would like the Court to consider but which is confidential, you may include that information on a separate page, attach the page to this motion, and, in section IV below, request that that attachment be sealed.

(Please See Attachment 2)

(Please See Attachment 3)

(Please See Attachment 4)

(Please See Attachment 5)

IV. ATTACHMENTS AND REQUEST TO SEAL

Please list any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged but not required to complete the proposed release plan. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?	Request to seal?
<u>Proposed Release Plan</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Additional medical information</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. REQUEST FOR APPOINTMENT OF COUNSEL

I do not have an attorney and I request an attorney be appointed to help me.

☐ Yes

☒ No

VI. MOVANT'S DECLARATION AND SIGNATURE

For the reasons stated in this motion, I move the court for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of perjury that the facts stated in this motion are true and correct.

6/19/21

Date



Signature

Michael Fleck

Name

175229066

Bureau of Prisons Register #

USP Solitary Camp Nazareth

Bureau of Prisons Facility

PO Box 450 Bruneton Mills WV 26525

Institution's Address

(Attachment 1)

RIS - WARDEN RESPONSE TO INMATE

INMATE: Fleck, Michael
REGISTER NUMBER: 75229-066
SPC Hazelton

This is in response to your request for Reduction in Sentence (RIS)
- Debilitated Medical Condition.

Per Program Statement 5050.50, in order to meet the conditions of Debilitated Medical Condition, an inmate must be "completely disabled, meaning the inmate cannot carry on any self-care and is totally confined to a bed or chair; or capable of only limited self-care and is confined to a bed or chair more than 50% of waking hours."

A review of your chart and consultation with your medical provider reveals that your current medical conditions are not debilitating. You are able to care for yourself and have no work restrictions.

You currently do not meet medical criteria for a Debilitated Medical Condition. Therefore, your request for a RIS is denied.

If you are not satisfied with this decision, you may appeal utilizing the Administrative Remedy Process within 20 days of receiving this notice.


B.M. Antonelli, Complex Warden Date

4-6-2020

Issue 4/20/2020
JE

Attachment 2

I am requesting this reduction in sentence and believe I have several extraordinary and compelling reasons for my release.

First, I have numerous medical conditions, listed and documented in an attachment to this motion, which leave me susceptible to various complications from diseases such as Covid 19 and others.

Second, the BOP is not adequately monitoring my medical conditions. General maintenance tests such as colonoscopy and endoscopes have not been done since I have arrived in 2019. I am also concerned that if something went wrong by the time they dealt with it it would be drastically worse.

Third, the BOP has not applied the 1st Step Act, which should have been factored in when I was sentenced. If the ~~1st~~ 1st Step Act had been properly implemented ~~when~~ in the last year, or when passed which was surely factored into my sentence, I would be eligible to go home at around 54% of my sentence to half way home and home confinement.

Fourth, though I meet all criteria for the Caza Act, the local Case Manager has not even submitted me for approval. The court is not allowed to administer the Caza Act but I am asking you use your right to consider this in an reduction in sentence motion.

I have enclosed several documents in support of my motion that show I have been not only a good prisoner but a model one.

Attachment 3 is the regional FSA Reentry Risk Assessment and shows my likelihood to commit further criminal activity is a minimum as in my propensity for violence.

Attachment 4 shows my security level is at a 0 points and I have been granted community custody. Because of this I have been working out in the community at a halfway house for over a year now.

Attachment 5 shows ~~my record~~ that I have had no discipline history, participated in many classes, and have two jobs. It doesn't show I also volunteered to work harder at the USP over 50 times since being here.

In conclusion, because of all these facts I am asking for a reduction in sentence be given to immediate release. Thanks for your consideration. This motion is filed be me.

(Attachment 3)

FSA Recidivism Risk Assessment (PATTERN 01.02.01)

Register Number: 75229-066, Last Name: FLECK

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Register Number: 75229-066

Inmate Name

Last.....: FLECK

First.....: MICHAEL

Middle.....:

Suffix.....:

Gender.....: MALE

Risk Level Inmate....: R-MIN

General Level.....: R-MIN (-7)

Violent Level.....: R-MIN (-1)

Security Level Inmate: MINIMUM

Security Level Faci...: MINIMUM

Responsible Facility.: HAZ

Start Incarceration..: 04/26/2019

PATTERN Worksheet Summary

Item	- Value	- General Score	- Violent Score
Current Age	45	14	8
Walsh w/Conviction	FALSE	0	0
Violent Offense (PATTERN)	FALSE	0	0
Criminal History Points	0	0	0
History of Escapes	0	0	0
History of Violence	0	0	0
Education Score	HighSchoolDegreeOrGED	-4	-2
Drug Program Status	NoNeed	-9	-3
All Incident Reports (120 Months)	0	0	0
Serious Incident Reports (120 Months)	0	0	0
Time Since Last Incident Report	N/A	0	0
Time Since Last Serious Incident Report	N/A	0	0
FRP Refuse	FALSE	0	0
Programs Completed	17	-8	-4
Work Programs	0	0	0
	Total	-7	-1

PPG6

(Attachment 4)

Page 1 of 1

HAZE9 606.00 * MALE CUSTODY CLASSIFICATION FORM * 11-16-2020
 PAGE 001 OF 001 10:32:10

(A) IDENTIFYING DATA

REG NO.: 75229-066 FORM DATE: 11-16-2020 ORG: HAZ
 NAME: FLECK, MICHAEL

MGTV: NONE

PUB SFTY: NONE

MVED:

(B) BASE SCORING

DETAINER: (0) NONE SEVERITY: (5) HIGH
 MOS REL.: 32 CRIM HIST SCORE: (00) 0 POINTS
 ESCAPES: (0) NONE VIOLENCE: (0) NONE
 VOL SURR: (3) VOL SURR AGE CATEGORY: (2) 36 THROUGH 54
 EDUC LEV: (0) VERFD HS DEGREE/GED DRUG/ALC ABUSE: (0) NEVER/>5 YEARS

(C) CUSTODY SCORING

TIME SERVED: (4) 26-75% PROG PARTICIPAT: (2) GOOD
 LIVING SKILLS: (2) GOOD TYPE DISCIP RPT: (5) NONE
 FREQ DISCIP RPT: (3) NONE FAMILY/COMMUN: (4) GOOD

--- LEVEL AND CUSTODY SUMMARY ---

BASE CUST	VARIANCE	SEC TOTAL	SCORED	LEV MGMT	SEC LEVEL	CUSTODY	CONSIDER
+4	+20	-4	0	MINIMUM	N/A	COM	SAME

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

(Attachment 5)

**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02162577

Dept. of Justice / Federal Bureau of Prisons

Team Date: 05-05-2021

Plan is for inmate: FLECK, MICHAEL 75229-066

Facility: HAZ HAZELTON USP
 Name: FLECK, MICHAEL
 Register No.: 75229-066
 Age: 45
 Date of Birth: 08-13-1975

Proj. Rel. Date: 07-29-2023
 Proj. Rel. Mthd: GCT REL
 DNA Status: PHL10178 / 04-29-2019

Detainers

Detaining Agency	Remarks
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NO DETAINER

Current Work Assignments

Fac	Assignment	Description	Start
HAZ	C CHAPEL	C CHAPEL	05-10-2021
HAZ	TOWN DRIV	C TOWN DRIVER	05-10-2021

Current Education Information

Fac	Assignment	Description	Start
HAZ	ESL HAS	ENGLISH PROFICIENT	06-18-2019
HAZ	GED HAS	COMPLETED GED OR HS DIPLOMA	06-18-2019

Education Courses

SubFac	Action	Description	Start	Stop
HAZ SCP	C	SPC SELF STUDY COORD PLANE	09-01-2020	10-02-2020
HAZ SCP	C	SPC SELF STUDY COORD PLANE	09-01-2020	10-02-2020
HAZ SCP	C	SPC SELF STUDY WORLD WAR 2	09-01-2020	10-02-2020
HAZ SCP	C	SPC SELF STUDY LANGUAGE ARTS	10-02-2020	10-02-2020
HAZ SCP	C	SELF STUDY ACE ENHANCE VOCAB	08-01-2020	08-17-2020
HAZ SCP	C	SELF STUDY ACE SPORTS STARS	08-01-2020	08-17-2020
HAZ SCP	C	SELF STUDY ACE OUR SOLAR SYS	08-01-2020	08-17-2020
HAZ SCP	C	SELF STUDY ACE ENHANCE VOCAB	08-01-2020	08-17-2020
HAZ SCP	C	SPC MUSIC GUITAR-INTERMEDIATE	05-11-2020	06-26-2020
HAZ SCP	C	SPC CORE FITNESS (8HRS)	03-31-2020	05-19-2020
HAZ SCP	C	SELF STUDY ACE SOCIAL STUDIES	04-29-2020	05-13-2020
HAZ SCP	C	SELF STUDY ACE: PRACTICAL MONEY	04-29-2020	05-06-2020
HAZ SCP	C	GUITAR LEISURE CLASS 16 HRS	03-26-2020	05-10-2020
HAZ SCP	C	SELF STUDY ACE AMERICAN LIT	04-22-2020	04-29-2020
HAZ SCP	C	SELF STUDY ACE CREATE FUTURE	04-08-2020	04-15-2020
HAZ SCP	C	SELF STUDY ACE EARLY AMER HIST	03-27-2020	04-08-2020
HAZ SCP	C	ACE: SPC US GEOGRAPHY	12-04-2019	01-29-2020
HAZ SCP	C	ACE: SPC SMALL BUSINESS	11-12-2019	01-29-2020
HAZ SCP	C	ACE: SPC MAN AMONG MEN-US PRES	10-09-2019	12-03-2019
HAZ SCP	C	ACE: SPC MONEY SMART	08-07-2019	10-23-2019
HAZ SCP	C	ACE: SPC DEVELOPING LEADERS	08-28-2019	09-18-2019
HAZ SCP	C	(EM) INFORMATION JOB FAIR (2HR)	08-27-2019	08-27-2019
HAZ SCP	C	(EM) INTERVIEW JOB FAIR (2HRS)	08-27-2019	08-27-2019
HAZ SCP	C	SPC RESUME/JOB SKILLS CLASS	07-22-2019	08-22-2019

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
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** NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS **

Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	09-25-2019
CARE2	STABLE, CHRONIC CARE	09-06-2019

Current Medical Duty Status Assignments

Assignment	Description	Start
REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	05-08-2019

**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02162577

Dept. of Justice / Federal Bureau of Prisons

Team Date: 05-05-2021

Plan is for inmate: FLECK, MICHAEL 75229-066

Assignment	Description	Start
YES F/S	CLEARED FOR FOOD SERVICE	05-08-2019

Current Drug Assignments

Assignment	Description	Start
ED NONE	DRUG EDUCATION NONE	06-16-2019

FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 06-13-2019Inmate Decision: **AGREED \$25.00** Frequency: **QUARTERLY**Payments past 6 months: **\$50.00** Obligation Balance: **\$134,512.00****Financial Obligations**

No.	Type	Amount	Balance	Payable	Status	
1	ASSMT	\$200.00	\$25.00	IMMEDIATE	AGREED	
	Adjustments:	Date Added	Faci	Adjust Type	Reason	Amount
		03-09-2021	HAZ	PAYMENT	INSIDE PMT	\$25.00
		12-08-2020	HAZ	PAYMENT	INSIDE PMT	\$25.00
2	REST FV	\$134,487.00	\$134,487.00	IMMEDIATE	AGREED	
	** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					

**** NO ADJUSTMENTS MADE IN LAST 6 MONTHS ******FRP Deposits**

Trust Fund Deposits - Past 6 months: \$1,130.00 Payments commensurate ? Y

New Payment Plan: **** No data ******Progress since last review**

NOTE: MODIFIED OPERATIONS BEGAN 03-17-2020 DUE TO COVID-19 PANDEMIC. Inmate Fleck has maintained employment, 2 jobs (Town Driver and Chapel orderly) with satisfactory work reports since his last review. He completed his scheduled FRP payments. He was put on the Brain Health As You Age waiting list on 03-08-21. He has not participated in any programming since his last review. He did not save money toward release funds. No recent programming noted on Education transcript;

Next Program Review Goals

Recommend continued employment with satisfactory or better work reports through next review, October 2021. Continued satisfactory participation in FRP and complete all scheduled payments. PARTICIPATE IN ANY PROGRAMMING OFFERED IN THE UNIT DURING THE COVID-19 MODIFIED OPERATIONS. Recommend enrolling in/completing an ACE, RPP, VT, Wellness, Leisure, or College class by next unit team review.

Long Term Goals

~~Recommend obtaining a Social Security card and birth certificate by December 2021.~~ Begin participation in RPP classes when you are within 30 months of release. Save at least \$10 per month (based on 6 month deposits of \$815.25) toward release funds through July 2023.

RRC/HC Placement**Comments**

NOTE: MODIFIED OPERATIONS BEGAN 03-17-2020 DUE TO COVID-19 PANDEMIC.

Finance/Poverty Need Screen Is there documentation in the PSR of any of the following? ☐ Any history of Bankruptcy ☐ No bank account ☐ No assets nor liabilities noted in PSR ☒ Debts noted in Credit Report or other sources ☐ Tax Liabilities/back taxes ☐ Unpaid alimony/child support ☐ other indications of lack of financial management skills (specify) ☐ YES ☒ NO
(if any of the above, check yes) If the answer is yes, the inmate has a financial/poverty skills need.

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT
FOR THE
Eastern DISTRICT OF Pennsylvania

UNITED STATES OF AMERICA

Case No. 16-171

(write the number of your criminal
case)

v.

Michael Flex

Write your full name here.

PROPOSED RELEASE PLAN

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

NOTICE

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If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☒ Yes

☐ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

PROPOSED RELEASE PLAN

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

A. Housing and Employment

Provide the full address where you intend to reside if you are released from prison:

422 Birch Rd. Kellertown PA 15055

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison:

Alison Fleck - 912 433-2528 is renter and owners are
Michael and Jenifer McKenna 610 216 1465

Provide the names (if under the age of 18, please use their initials only), ages, and relationship to you of any other residents living at the above listed address:

David Fleck 13 years old is my son.

If you have employment secured, provide the name and address of your employer and describe your job duties:

I have several job prospects but have not secured yet
because unsure of rebarcble.

List any additional housing or employment resources available to you:

As stated, I have several prospects for employment pending on
release and will be living with my wife and child.

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

B. Medical needs

Will you require ongoing medical care if you are released from prison?

☒ Yes

☐ No

Will you have access to health insurance if released?

☒ Yes

☐ No

If yes, provide the name of your insurance company and the last four digits of the policy number. If no, how do you plan to pay for your medical care?

Capital Blue Cross - new policy number to be issued to my
wife in mid-July

If no, are you willing to apply for government medical services (Medicaid/Medicare)?

☒ Yes

☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☐ Yes

☒ No

If yes, please include them with your motion. If no, where are the records located?

The records are in the prison medical office and are all
documented with medication and in my PSR. (Prz-Sentencing Report)

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

Are you currently prescribed medication in the facility where you are incarcerated?

☒ Yes

☐ No

If yes, list all prescribed medication, dosage, and frequency:

Losartan 100mg - 1 daily ; Hydrochlorothiazide 12.5mg - 1 daily ; Vericelox 175mg - 1 daily
Aspirin 81mg - 1 daily ; Atorvastatin 40mg - 1 daily ; Divalproex 500mg - 2 daily ;
Glipizide 10mg - 2 daily ; Metformin 1000mg - 2 daily ; Omeprazole 20mg - 2 daily

Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

☐ Yes

☒ No

If yes, list equipment:

Do you require assistance with self-care such as bathing, walking, toileting?

☐ Yes

☒ No

If yes, please list the required assistance and how it will be provided:

Do you require assisted living?

☐ Yes

☒ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

If yes, please provide address of the anticipated home or facility and the source of funding to pay for it.

Are the people you are proposing to reside with aware of your medical needs?

☒ Yes

☐ No

Do you have other community support that can assist with your medical needs?

☒ Yes

☐ No

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use their initials only:

Jalen French - 40 - brother ; Jennifer Hickman - 58 - Sister in law

Will you have transportation to and from your medical appointments?

☒ Yes

☐ No

Describe method of transportation:

We own a car that I can drive.

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

6/19/21

Date



Signature

Michael Fleck

Name

15229066

Bureau of Prisons Register #

USP Satellite Camp Hazelton

Bureau of Prisons Facility

PO Box 450 Bowdoin ME 04925

Institution's Address

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT
FOR THE
Eastern DISTRICT OF Pennsylvania

UNITED STATES OF AMERICA

v.

Case No. 16-171
(write the number of your criminal case)

Michael Fleck
Write your full name here.

MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION
In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

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Do you request that the attachments to this document be filed under seal?

☒ Yes

☐ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE


MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION

To the extent you have medical records or additional medical information that support your motion for compassionate release, please attach those records or that information to this document.

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

6/19/21
Date


Signature

Michael Fleck
Name

75229 066
Bureau of Prisons Register #

USP Schellitz Camp Hazelton
Bureau of Prisons Facility

PO Box 450 Breckton Hills CO 80525
Institution's Address

Michael Fleck Medical Conditions

* All condition below are backed up by my PSR (Prz - Sentence Report), BOP records and my records on the file with my doctor at home. Also, all conditions are being treated with medicine but may tests and procedures have been neglected while under BOP care including endoscopy and ultrasound of heart.

- ① Diabetes
- ② High Blood Pressure
- ③ High Cholesterol
- ④ High BMI and Obesity
- ⑤ Bi-Polar Disorder
- ⑥ Aneurysm on Thoracic Valve
- ⑦ ImmunoCompromised from Nucleoplasmic

(All medication are listed earlier in motion)

Michael Heck, 11500
Allegan USF, Unit 6
PO Box 450
Buceton Mills, MD 21625

U.S.M.S.
X-RAY

Clerk of Court
United States District Court, Eastern District of PA
504 W. Harrison St.
Suite 1601
Allentown PA 18101

